

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-008376

DO NOT WRITE
ON THIS STUB

AMENDED

FILED FEB 16 1962

Primary Registration District No.

1003

Registrar's No.

1659

STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

ST. Louis

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

ALEXIAN BROS. HOSP.

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

admission)

c. CITY

OR TOWN

ST. Louis

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

2862 Missouri

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

HENRY

Middle

C.

Last

Lewis

4. DATE OF DEATH

Month

Feb 7

Day

Year

1962

5. SEX

Male

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2-7-1907

9. AGE (last birthday)

55

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED WATCHMAN

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

George Lewis

13b. MOTHER'S MAIDEN NAME

ANNA SARGENT

14. NAME OF HUSBAND OR WIFE

ANN Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

ANN C. Lewis 2862 Missouri

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Coronary Thrombosis

4201

INTERVAL BETWEEN ONSET AND DEATH

2 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 1 - 61 to July 7 - 62 and last saw him alive on July 6 - 62. Death occurred at 2862 Missouri on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Print or title)

J. H. Byrne M.D.

22b. ADDRESS

29527 Cherokee

22c. DATE SIGNED

2-8-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

REMOVAL

23b. DATE

Feb 10, 1962

23c. NAME OF CEMETERY OR CREMATORY

FAIRVIEW CEM.

23d. LOCATION (City, town, or county)

GRUBVILLE

(State)

No.

24. FUNERAL DIRECTOR

ADDRESS

Thomas Rutis 2906 Graver

25. DATE RECD. BY LOCAL REG.

FEB 8 1962

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Pope 2752a Charles

[Faint signature]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. A. Humphrey*

Licensed Embalmer No. *4772*

P. O. Address *2906 Grandis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.